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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	Attorney Docket Number	NIDN-73175
	First Named Inventor	Wolfe
	<b>COMPLETE IF KNOWN</b>	
	Application Number	09 / 914,162
	Filing Date	23-Aug-2001
	Group Art Unit	To be assigned
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Process for Production Diphtheria Toxin**

the specification of which  
☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) **02/25/2000** as United States Application Number or PCT International Application Number **PCT/GB00/00680** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9904582.5	Great Britain	02/26/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

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[Page 1 of 2]

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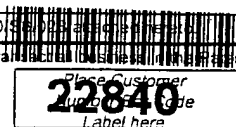
## DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB00/00680	02/25/2000	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact with the Patent and Trademark Office connected therewith: ☒ Customer Number 22840 OR ☐ Registered practitioner(s) name/registration number listed below



Name	Registration Number	Name	PATENT TRADEMARK Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 22840 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Henry		Wolfe	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
		US	US
Post Office Address	9 Revere Lane		
Post Office Address	Glenmore, Pennsylvania 19343 US		
City	State	ZIP	Country

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

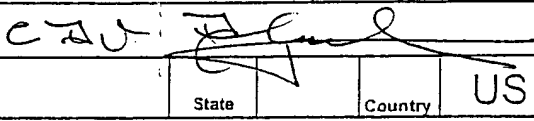
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PTO/SB/02A (3-97)

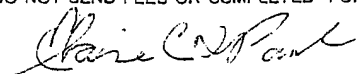
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Fahar		Merchant	
Inventor's Signature			Date
Residence: City	State	Country	CA
Post Office Address: 138-94 Street, Edmonton			
Post Office Address: T6N 1J3 Alberta Canada			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rosamina		Merchant	
Inventor's Signature			Date
Residence: City	State	Country	CA
Post Office Address: 138-94 Street, Edmonton			
Post Office Address: T6N 1J3 Alberta Canada			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Christopher		Black	
Inventor's Signature			Date
Residence: City	State	Country	US
Post Office Address: 1211 Windmill Circle			
Post Office Address: Norristown, Pennsylvania 19403 US			
City	State	ZIP	Country

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9.21.01

Notarial Seal  
Elaine C. DePaul, Notary Public  
Tredyffrin Twp., Chester County  
My Commission Expires Oct. 20, 2003

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Harry				Storflor			
Inventor's Signature						Date	
Residence: City		State		Country	NO	Citizenship	NO
Post Office Address	Nycoveien 1-2						
Post Office Address	N-0401 Oslo Norway						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Geir				Stokke			
Inventor's Signature						Date	
Residence: City		State		Country	NO	Citizenship	NO
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Post Office Address	N-0401 Oslo Norway						
City		State		ZIP		Country	
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Haldis				Hellebust			
Inventor's Signature						Date	
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City		State		ZIP		Country	

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**Process for Production Diphtheria Toxin**

the specification of which  
☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) **02/25/2000** as United States Application Number or PCT International Application Number **PCT/GB00/00680** and was amended on (MM/DD/YYYY) (if applicable).

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9904582.5	Great Britain	02/26/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB00/00680	02/25/2000	

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Name	Registration Number	Name	Registration Number

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Direct all correspondence to: ☒ Customer Number 22840 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Henry	Wolfe

Inventor's Signature	<u>Henry R. Wolfe</u>			Date	<u>9/18/01</u>
Residence: City	State	Country	US	Citizenship	US
Post Office Address	9 Revere Lane				
Post Office Address	Glenmore, Pennsylvania 19343 US				
City	State	ZIP		Country	

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Fahar				Merchant			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
				CA		CA	
Post Office Address		138-94 Street, Edmonton					
Post Office Address		T6N 1J3 Alberta Canada					
City		State		ZIP		Country	
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Christopher				Black			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
				US		US	
Post Office Address		1211 Windmill Circle					
Post Office Address		Norristown, Pennsylvania 19403 US					
City		State		ZIP		Country	

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Geir				Stokke			
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the specification of which  
☐ is attached hereto  
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Place Customer Number **22840**

Name	Registration Number	Name	Registration Number

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Direct all correspondence to: ☒ Customer Number or Bar Code Label 22840 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
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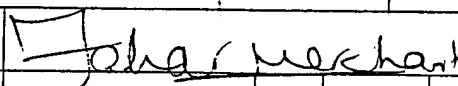
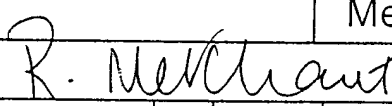
Inventor's Signature	Date				
Residence: City	State	Country	US	Citizenship	US
Post Office Address	9 Revere Lane				
Post Office Address	Glenmore, Pennsylvania 19343 US				
City	State	ZIP		Country	

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Fahar		Merchant			
Inventor's Signature				Date	17/Dec/01
Residence: City	Edmonton	State	AB	Country	CA
Post Office Address	1350-119B Street, Edmonton				
Post Office Address	T6J 7H5 Alberta, Canada				
City		State		ZIP	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Rosemina		Merchant			
Inventor's Signature				Date	17 Dec 01
Residence: City	Edmonton	State	AB	Country	CA
Post Office Address	1350-119B Street, Edmonton				
Post Office Address	T6J 7H5 Alberta, Canada				
City		State		ZIP	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Christopher		Black			
Inventor's Signature				Date	
Residence: City		State		Country	US
Post Office Address	1211 Windmill Circle				
Post Office Address	Norristown, Pennsylvania 19403 US				
City		State		ZIP	

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Harry		Storflor			
Inventor's Signature	<i>H. Storflor</i>			Date	26 Sept 01
Residence: City		State		Country	NO
Post Office Address	Nycoveien 1-2				
Post Office Address	N-0401 Oslo Norway				
City		State		ZIP	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Geir		Stokke			
Inventor's Signature	<i>Geir O. Stokke</i>			Date	13 Sept 01
Residence: City		State		Country	NO
Post Office Address	Mandalls gt. 6A				
Post Office Address	N-0190 Oslo Norway				
City		State		ZIP	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Halldis		Hellebust			
Inventor's Signature				Date	
Residence: City		State		Country	NO
Post Office Address	Olaf Bulls vei 36				
Post Office Address	N-0765 Oslo Norway				
City		State		ZIP	

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Harry				Storflor			
Inventor's Signature						Date	
Residence: City		State		Country	NO	Citizenship	NO
Post Office Address	Nycoveien 1-2						
Post Office Address	N-0401 Oslo Norway						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Geir				Stokke			
Inventor's Signature						Date	
Residence: City		State		Country	NO	Citizenship	NO
Post Office Address	Mandalls gt. 6A						
Post Office Address	N-0190 Oslo Norway						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Halldis				Hellebust			
Inventor's Signature	<i>Halldis Hellebust</i>					Date	12. Sept. 2001
Residence: City		State		Country	NO	Citizenship	NO
Post Office Address	Olaf Bulls vei 36						
Post Office Address	N-0765 Oslo Norway						
City		State		ZIP		Country	

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